

1 D 12-54

Sally Johnson 1950-1954

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1ST SEMESTER:

English Composition	3 points	Professor Jewett
Philosophy of Education	2 "	Professor Kilpatrick
History from the Renaissance to 1812	3 "	Professor Hunt
Educational Psychology	2 "	Doctor Pinter and Doctor Spence
Social Psychology	2 "	Doctor Rugg
Introduction to Educational Research	3 "	Professor Stewart
Unit course extending to second semester	2 "	

Through registration in Introduction to Educational Research it was possible to gain credit for the auditing of courses concerning which I wished to gain information. A final paper was submitted which was supposed to express an opinion upon the value of the courses, their strong points and weak points, and some indication of how their content could be utilized in a school of nursing.

The courses attended (not one hour was missed) for the purpose of Introduction to Educational Research were:

In addition to the above which were taken for credit.

1. Major courses for teachers and supervisors, four hours a week, by Misses Stewart and Wolf.
2. Evaluation of Nursing Methods, two hours a week, by Miss Martha Ruth Smith.
3. Ward Management, two hours a week, by Miss Dunbar.
4. Health Education in Schools of Nursing, two hours a week, by Misses Share and Smith.

The Unit Courses:

The purpose of these unit courses is to provide a means whereby students of one department may gain some knowledge of the subject matter of another department, or where they may gain knowledge of a subject, within the department, which may not be of their own major. These courses are of eight hours duration. There are no required assigned readings, but a brief summary of each course must be submitted.

Subjects taken for the unit courses were:

1. Trends in Nursing Education. Course went through both semesters, one evening a week. Only two of these were written up, - the one in Public Health and the one on University Schools.
2. Aspects of Contemporary Literature.
3. Physics for Nurses.
4. Extra curricula activities.
5. Social Hygiene.
6. Nursing in Foreign Fields.

2ND SEMESTER:

1. Major courses for teachers and supervisors	4 hours	Professor Mues
2. Administration in Schools of Nursing	2 "	Professor Burgess
3. Curriculum Construction	2 "	Professor Stewart
4. Health Education	2 "	Miss Smith and visiting lecturers.
5. English - The Drama	3 "	Professor Jewett
6. History of Education	2 "	Doctor Goodsall
7. Course for Deans of Women	3 points, Saturday morning, 10 - 1	Professor Startevant, and assistants.
8. Audited two courses in History of Nursing.		Miss Johns Miss Stewart
9. Field Work in East Harlem	1 point - a week between the completion of examinations and commencement.	

MAJOR COURSE FOR SUPERVISORS AND TEACHERS

Excellent plan to put two groups together. Much which should be common knowledge of both.

The first semester taught by Miss Stewart, generally taught by Miss Burgess, who is on sabbatical year.

The general plan of the course was to give a brief history of the development of training schools and the organization of the Nightingale School. That organization was discussed under different heads and then the same features were discussed from the standpoint of today's organization.

The topics are interesting:

1. Objectives of the school.
2. Standards of admission.
3. Preparation and division of training.
4. Program of instruction.
5. Organized activities.
6. Methods of teaching and supervision.
7. Teaching or supervisory staff.
8. Other resources and facilities for ~~carrying out~~ educational program.
9. System of organization, management, established for carrying on educational program.

HEALTH EDUCATION

Contribution made by various community organizations, - private and public. Visit to Bellevue-Yorkville Center and 450 Seventh Avenue.

As a project, curriculum was taken course by course, and almost subject by subject and hour by hour, showing where health teaching might be incorporated.

Outline of program for health teaching in the Out-Patient Department.

Suggestions of contributions which might be made in each clinic.

PHILOSOPHY OF EDUCATION

1. Respect for personality: value of our growth
2. Value of group conferences.
3. Every day is life: Every day is richer because of the sum total of experience. Life is always becoming.

GLEANINGS

1. Wonder at the progress which schools of nursing have made, considering the lack of finances, expertly prepared personnel, and heavy nursing load.
2. Appreciation of the load which the principal of a school carries, - academic, social, nursing service.
3. Need to give more thought to the student as an individual. Respect and personality. Develop initiative and originality. Many students develop resourcefulness. Somewhat different from initiative and originality. Have felt that there was a danger in too much originality. Life and death problems.
4. Too much placid acceptance of tasks and policies every day.
5. Preventive aspects. Would be strengthened at every point.
6. To develop the qualifications of a teacher.
7. To create greater appreciation of an ability to assume social responsibility:
 - a. To help the patient to keep well in his home environment.
 - b. To know more about the world outside.
8. To develop teaching ability of all staff members.
9. Need of a good sound course in educational psychology for staff members.
10. Development of five year and post graduate courses at Simmons College. Should not be necessary to go to New York for this.
11. Appreciation of the value of projects worked out in the class at Teachers College. Contributions of members of the class valuable.
12. Encouraging to see the enthusiasm and ability of the young students at Teachers College, - their techniques and workmanship; their clear thinking; their sound philosophy; their ambitions.
13. Our greatest need, - libraries; better ones. Allied reading, such as; "The Little Commander," "The Second Twenty Years at Hull House,"
14. Such a year opens doors which will never be closed. Makes a contact with a source of knowledge, and of inspiration, and encouragement.
15. Criticism made of being impractical and forgetting the patient. That criticism not just. The faculty is willing to listen to suggestions if you can mention them. They work to a point which is almost breaking. They are vitally interested in providing what is needed by the nurses in the field. How can they know some of the problems unless we pass them on. To say that they are not interested in the patient is not true. That might be said about some of our classes. How much do we say about the patient in a class, in Anatomy or Chemistry or Bacteriology. Yet it all contributes to the care of the patient.

In the Department of Nursing Education they are endeavoring to teach the nurse how to increase the students background of knowledge. I do think that the department could get in closer contact, than they do, with some of the good hospitals and schools in New York. I also think that they have little conception of the time which is consumed by head nurses and training school office with administrative problems which are far removed from so-called education. When a head nurse or a supervisor consumed two hours in the morning looking for a lost coat there is little time left for teaching. When a ward may be two or three hours in the afternoon with only one nurse on, there is little time for teaching. Where there are three nurses, two orderlies and a ward helper on and all but one are en route to the operating room, the front door, the out-patient department, and the electro-cardiogram, there is no time for teaching. These are the features of a ward situation over which the faculty at Teachers College have little conception.

Nevertheless, those of us who are in these schools of nursing should have every reason to be thankful for such a department as that of Nursing Education at Teachers College. Probably no institution has made a larger contribution to improving the supervision and teaching in our schools of nursing than the Department of Nursing Education at Teachers College. They work too hard themselves, and they work their students too hard. In my opinion they work their students just as hard as we do ours. Therefore, when they criticize us for that it is a case of the "pot calling the kettle black." They would reply: "But this work is to your advantage." Much that the student nurse does is not to her advantage, but by these same methods the student nurse earns her maintenance, and textbooks, and uniforms. After all, that is to her advantage.

To repeat: The students work at a truly American pace. I wish that all who run the race, and arrive at the same goal as I did, may go, as I did, to a part of the world where the pace is slower, - to Europe.

D12-54
(Sally Johnson's
material for
class)

PRIVATE DUTY NURSING

I. Psychology of the Individual Patient

Nursing is actually an adjustment of the nurse to the patient in order that the patient may recover from his illness fully and quickly. Procedures are adapted to the situation, and every effort is made to consider the individual preferences of the patient in so far as they are favorable to a good end result.... health.

The patient is master of the situation, and although we are prone to regiment out patients in a large general hospital because of the pressure of the work, we must realize that when the situation presents itself, and the nurse finds herself with only one patient, she has an unusual opportunity to make use of the opportunity to study her patient, and make full adaptations.

The nurse must remember that the sick patient has lost his physical standing, and it is part of good nursing to enable him to retain his mental status. He should be referred to as Mr.....and be permitted to make his own decisions if they are logical. The use of the "We" in conversation regarding the patient may be irksome to the patient, he again may have a feeling of having lost "his" identity. Such phrases by the nurse as "We had a very good night" should be avoided; rather "Mr. Brown had a very good night".

Over use of the name may again be annoying i.e., "Yes, Mr. Brown", and "No, Mr. Brown". It is better to use a complete statement as, "Yes, it does seem to be looking better to-day".

Detail care of the patient is so important. Early the nurse should sense her patient's values. It may be that the brushing of your patient's hair is much more essential to her happiness than any single thing the nurse may do for her. Likely it has been part of her routine for a good many years, and a change in that routine may be disturbing.

The patient's room is his abode for the time being; respect his position, and knock gently before entering. Always introduce yourself, using the patient's name thereby making him feel at ease, as, "Mr. Brown, I am Miss.....who has come to care for you." Introduce supervisors who may come into the room if your patient is not too ill, and should you request another nurse to help you in the care of the patient be sure that the new intruder into his life is introduced.

The nurse is responsible for the appearance of the entire room. Often a misplaced chair, an uneven window shade, magazines thrown carelessly on the table may irritate an ill patient. Have the foresight and sensitivity to attend to these small but most important details before the room is considered completely finished.

Preparation of a new patient is so essential. Usually the floor is notified that room #..... is to be occupied by Mr. The nurse should go into the room, adjust the shades, see that the ventilation is good, open the door, put a fresh pitcher of water on the table, and in so far as possible make the room look as though the patient were expected. Often the nurse can suggest to a member of the family or to a friend that some flowers be sent before the patient arrives at the hospital. This extra cheer does a great deal for the patient. Wait until the patient arrives, and you are introduced to the patient. Notice if he is to be an ambulator or bed patient, and plan accordingly. Bring menu for the next meal, and after this has been ordered take T. P. R. Ask patient if he would like an evening or morning paper, and explain the procedure of securing these. Instruct the patient how to use the bell. Bags should be placed in a position for unpacking, and offer to unpack for the patient.

The patient should be prepared for visitors. Ask the patient if he wishes to see the visitor, and have the visitor wait in the reception room until you have made this inquiry. See that the room is in order, that a chair is placed for the visitor in a position where the patient can talk to her, and see her without undue strain. Should the visiting period be limited, make sure that the visitor knows this before she enters the patient's room. During the time the company is present, the nurse should excuse herself, and state that if wanted the patient may ring. If there is a "by-the-clock" medication, the visitor should be made to realize that the doctor has requested that the medications or treatment be given as such. When the time is up, a tap on the door or the appearance of the nurse may be enough to remind the visitor that her time has terminated.

When the patient is using the telephone, it is well to leave the room, and ask her to put on the light when the conversation is over.

Meet people easily; forget yourself and remember that your patient is the center of interest.

Identification of the nurse with the patient enables her to be sensitive and considerate of the patient's sufferings and discomforts, his domestic affairs, and factors which worry him. Adaptations of nursing procedures in such a manner, and with such precision and thoughtfulness that the treatment is not dreaded is very essential. Explain the procedure simply before hand. Probably you have noticed that certain things disturb him. Keep the commode, for instance, behind the screen or covered with a sheet, do not unnecessarily expose the patient when carrying out a procedure or when draping for the doctor. Cover the chest for extra warmth when necessary.

Cheerfulness is essential, but excessive buoyancy may be disturbing; sense your patient's reaction, and act accordingly. Some people are rather cross in the morning; it may take these people longer to awaken.

Many patients dislike the odor of tobacco, perfume, etc.; and care must be taken not to offend the patient. Ill patients are much more sensitive to odors. Use lightly scented powders, no perfume, leave garlic and onions out of your diet. Use deodorant freely, and take care to air your uniform. Learn your patient's values and respect them.

Leave the patient's room during the doctor's visit when you are through assisting him.

Learn to listen. Never give information regarding the hospital. Keep your troubles and symptoms to yourself.

II. Nursing Care

The actual care which the nurse gives to the patient is of paramount importance. The bath is an essential part of the nursing care, and often the nurse is judged by the patient by the bath she gives. Learn from your patient the temperature he likes his bath. Old people particularly like to have the water fairly warm, and become quite upset if the nurse does not heed this request. Changing of the water, and placing of the feet in the water are obvious points which are sometimes forgotten by the nurse, but noticed by the patient. Many patients prefer their own soap, powder, and toilet water. The nurse should observe the texture of her patient's skin, and she may even suggest a good soap. Gibb's superfatted soap or Camay are good for dry skin. Often a mineral oil bath (olive oil stains the bed clothes) makes the patient more comfortable. Alcohol should be used sparingly on dry skin, and lanolin for the feet is restful and comforting. Patients usually have their own deodorant. Dry the body thoroughly; it is annoying to have the feeling of being half dried. Be sure to wring off the soap well, and avoid leaving the bar of soap in the water. Female patients may be placed on the bedpan for local care, and gauze should be used and discarded. Able patients who are able should do local care themselves. The nurse can place the washing material conveniently within reach, and say "You may complete your bath while I take out the soiled linen". Should the patient be too ill, an orderly can be procured.

Should a tub bath be indicated, ask the patient how she prefers the bath. While the tub is filling, place a bath stool near the tub, and cover it with a bath mat. Place another bath mat in front of the tub. Have bath towel and face cloth accessible, also soap and powder. Add bath salts if the patient desires them. When tub is ready, escort the patient to the tub, and suggest that the patient feel the temperature of the water before stepping in. If necessary help the patient into the tub, if not the nurse goes into the room, opens the room for airing, strips the bed, turns mattress and makes up the bed fresh. She then closes the window and returns to the bathroom to assist the patient in the completion of the bath. Usually the patient likes to have her back washed by the nurse. She helps the patient from the tub, helps with the drying, and powdering, and escorts the patient back to her room. The patient should be made to feel that her bath will not be interrupted, and if the bathroom is used for the entire ward, the occupied sign should be placed on the outside of the door. After the bath, the hair is cared for. It is well to have the room cleaned while the patient is in the tub if this can be arranged.

It is well for the nurse to review her procedures quite in-detail. If there is a general review before the procedure is attempted, then the procedure is checked afterward there will soon be perfection in nursing procedures.

Bed pan should always be warned. We may forget to do this since we have formed the habit of giving the patient the bed-pan directly from the bedside table. Handwashing facilities should always be offered after the use of bed pan. Female patients are almost routinely given local care after use of the bed pan, unless there is an objection.

Offer your patient handwashing facilities before meals, and tooth brushing equipment after meals.

Learn your patient's likes and dislikes as to food as soon as possible, and remember them. It is important to know just how long the eggs should be cooked, the color of the toast, the strength of the coffee, etc.

Consider your patient at all times. Prepare him for the medication the doctor has ordered. For example, the nurse might say, "Dr.....has ordered mineral oil for you, and it is given twice a day. You will find it quite satisfactory if it is taken in the morning and at night." The patient then anticipates the medication, and it is not thrust upon him. Should the patient not desire to take it the moment the nurse presents it, the medicine may be left on the bedside table.

Be mindful of the special care the patient gives his artificial teeth. He may desire to care for them himself; however, the nurse is responsible for this care.

Should the light be on, answer the light in order that the patient know that he is being considered, and then tell the patient that you will attend to his wants shortly. The period of waiting for someone to answer the light may be quite annoying to the patient.

A large white pad should be used over the rubber sheet in order to assure greater comfort.

Avoid jarring the bed, and hitting against it as you go by. Movements should be smooth, the irregular cranking of the bed in order to elevate the head or the feet often is exaggerated by the patient who is ill.

Heed the patient's complaints and requests. Do something about it right away.

Be sure that you get the telephone message correctly. Note the time, and jot it on the pad. Write the message, and state from whence it came, then sign your initials or name. Deliver the message as soon as possible.

Room should be aired daily. If the patient cannot be removed from the room, cover her head with a shoulder blanket, and put on extra blankets for warmth. Move the bed so that the patient will not be in a draft, and open the windows for five minutes or so.

Screens should be kept in front of the window if there is any danger of drafts.

Nurse should have her own hand towel when bathing the patient; it is annoying to the patient to have the nurse wipe her hands on the patient's towel.

The nurse should be able to entertain her patient. She should make it a habit to purchase the daily paper (a good paper) and have some conception of current events. Usually your patient will be interested in the popular books, try to make it a point to read one a month. Know several two-handed games. Learn to read aloud, and if necessary take some classes in voice and diction. It is well to know something of the plays in town, and have some appreciation of art and opera. Develop some hobby. Often the nurse can become interested in the patient's hobby, and please him by a contribution to it. Purchase a book which tells about the care and arrangement of flowers:*

Anaesthesia patients require a good deal of care, and the relatives are very critical of the care given during this time. Be sure that the Ether bed is made up properly. Usually private patients have white blankets used. The bed should be warmed, but all hot water bottles should be removed before the patient is placed in the bed. It is a good idea to place a tag on the bed as "Three Hot Water Bottles in the Bed," then make sure that the three are removed. Follow the doctor's orders exactly. Change position every one hour unless contraindicated (neurological cases) and place pillow at the back, against the abdomen, and between the knees. Avoid all undue exposure and chilling of the patient.

Should there be a complicated nursing procedure, the nurse may ask the visitor to wait in the reception room.

III. Ethics

Nurse must remember that doctors other than those in her own hospital are often equally well prepared as those with whom she is familiar. It is poor taste to evaluate the doctor after superficial observation.

The nurse must be loyal to the hospital in her remarks, e.i., if the electric light bulb has not been replaced, she might state that it has been reported, and that generally details are attended to quite promptly instead of saying, "They never do get around to get things done here anyway."

Inform your doctor of any little quirks of the patient or the family.

Have a summary of your patient's condition at your finger tips so that you may give him brief and accurate account of the patient's condition. Know the result of the various tests which may have been ordered since his last visit, and have the chart available for him to look at.

Make it a point to know what your doctor desires as to dressings, and have the material assembled on a dressing tray ready for him when he comes to do the dressing.

When you call the doctor to report the patient, do so in a business like manner. Announce your name, place, and the patient's name. Report the T.P.R. as it is, and what it has been for the past 24 hrs.; the condition of the bowels, the dressing, laboratory reports, and the opinion of the consultants who may have visited the patient since the charge doctor has last seen the patient.

Make it a point to use the booth telephone for personal calls during meal hours.

Avoid suggesting to the doctor treatments based on your experience or the experience of other doctors.

Know definitely your doctor's ideas about diets, cathartics, etc., and be sure that your ideas do not conflict with his. It is perhaps better to refer your patient to him if at all in doubt.

Patients will likely ask the nurse about certain treatments for a variety of diseases. Your answer can be so general that the patient will not have received any actual prescription. Patients are prone to repeat what the nurse has said, compare their own ideas and the ideas of their friends and doctors, then criticize the nurse.

Inexpensive gifts may be accepted at the end of a case. Often it is the patient's way of expressing gratitude for the care given. Never accept anything of great value. Gifts given to the nurse early in the case may be in the form of a bribe, and the nurse may be placed under obligation.

Wear simple clothes. It is well to cultivate a conservative taste for street wear. Browns, blacks, and blues are always smart and in good taste.

Put uniform on after you have reached the hospital. Avoid wearing the uniform as a street dress.

Table manners (Emily Post)

The nurse is often judged by the table manners she uses. It is well to acquaint yourself with the proper way to butter bread, hold a fork and knife to cut meat, hold a fork when eating, the use of silver when it is arranged in a complicated manner, accept or refuse a cocktail or wine, join in the conversation, sit properly, etc.

The nurse should show a willingness to accept the case when called by the Directory. The bag should be packed, and clean uniforms in readiness when the nurse places herself on call. Thank the Directory for calling you.

The nurse may leave her case for an emergency illness in her own family, for the sake of her own health, and to avoid an unpleasant situation which cannot be corrected by the Directory.

It is poor taste to wear a uniform to the dining room in a hotel. A uniform suggests illness and trouble to those who view it. Wear street clothes to the dining room when you go or arrange to have meals served in the room. Call Room Service for tray. Street clothes should be worn to and from duty.

IV. Serving of Trays

It is well for the nurse who is doing private duty to make use of magazines such as "Good Housekeeping", "Women's Home Companion", and "Home and Garden". There are often little hints as to the preparation of attractive trays, and suggestions for foods which might be tempting for your patient.

The nurse may consider the tray truly attractive when it stimulates her own appetite as she carries it to the patient.

It is well to serve the meal in courses. Soup may be taken to the room first on a small tray, and while the patient is eating her soup, the nurse will have an opportunity to prepare the main course. Soup plate or cup should always be placed on a place plate, as a matter of fact when a spoon is used, it is essential to have a plate to place it on after use. Desert should be served on a separate tray along with the finger bowl. The dinner tray should be removed from the patient's room, and she be permitted to finish the dinner in leisure.

Flowers in the napkin, or in the finger bowl help to decorate the tray.

Wines should be served at room temperature (except champagne).

Ice cream may be cut in cubes just large enough for a mouthful, and served in a sherbet dish; place on a plate.

Fresh fruit cocktail made more attractive: by addition of a small scoop of lemon or orange sherbet.

Melted butter may be kept warm by placing the dish over a finger bowl which has hot water in it. This method may be used for fish sauces, etc.

Water in the finger bowl should be warm, and when a fish dish is served, the addition of a slice of lemon helps.

Serve hot things hot, and on hot plates. Make it a point to see that this rule is never violated. Hot mince pie should be served on a hot plate.

Served cold things cold. Add ice chips around orange juice, tomato juice, melon, butter, etc. Cold salads should be served on cold plates, and ice cream in very cold dishes.

Have an appreciation of food required for the age of your patient.

Serve P.M. tea on a small tray along with some dainty sandwiches or cake; know her preference as to the strength of the tea and whether or not she prefers cream or lemon.

Feed your patient when necessary. Make yourself comfortable before you begin the feeding so that your patient will not be conscious of the situation you are in. Do not open and shut your mouth as you watch your patient; it is most annoying to her.

V. Relationship with other nurses

The Head Nurse is responsible for her floor even though the private nurse is responsible for her own patient. Keep her informed as to your patient's condition and progress. Business between the private nurse and the doctor in charge of the patient is direct, but it is only courteous to inform the Head Nurse of the condition of the patients on her floor.

The nurse must be loyal to the carrying out of procedures as accepted by the private division. Any information desired should be gained through asking the Head Nurse directly.

Request relief for meals at least $\frac{1}{2}$ hour before meal time.

Adapt yourself to the equipment without fussing; remember there are other means of doing a procedure when you do not have all the elaborate equipment you are used to.

Let your Head Nurse know of any difficulties the patient may have, and after 7 P.M. report the difficulty to the supervisor.

The Day Nurse is always the senior on the case. Following of her plan and technique as nearly as possible will prevent confusion in so far as the patient is concerned. If you positively disagree with her method, talk it over with her.

The Day Nurse orders the linen for both day and night care.

Be courteous, and make a full report to the nurse who relieves you. Always put your patient above pettiness.

7. Relationship with other nurses

The Head Nurse is responsible for her floor even though the private nurse is responsible for her own patients. Keep her informed as to your patient's condition and progress. There is a close relationship between the private nurse and the doctor in charge of the patient is direct, but it is only courtesy to inform the Head Nurse of the condition of the patients on her floor.

The nurse must be loyal to the carrying out of procedures as accepted by the private division. Any information desired should be gained through asking the Head Nurse directly.

Request relief for meals at least 5 hours before meal time.

A debt yourself to the equipment without fussing; remember there are other means of doing a procedure when you do not have all the elaborate equipment you are used to.

Let your Head Nurse know of any difficulties the patient may have, and after 7 P.M. report the difficulty to the supervisor.

The Head Nurse is always the center on the case. Following her plan and technique as nearly as possible will prevent confusion in so far as the patient is concerned. If you positively disagree with her method, talk it over with her.

The Day Nurse orders the linen for both day and night care.

Be courteous, and make a full report to the nurse who relieves you. Always put your patient above politeness.

VI. Relationship with personnel.

There should be a spirit of cooperation for the good of the patient. Helpers in the hospital usually respond to courteous and kind treatment.

Use "Thank you" and "Please" plentifully.

Cooperate with the Christian Science practitioner, the Priest or the Minister. Remember it is your patient's values which are important.

VI. Relationship with personnel.

There should be a spirit of cooperation for the good of the patients. Nurses in the hospital usually respond to courtesy and kind treatment.

Use "Thank you" and "Please" liberally.

Cooperate with the Christian Science practitioner, the Priest or the Minister. Remember it is your patient's wishes which are important.

VII. Flowers

The flowers likely came to the patient from someone who means a good deal to the patient. Care for them religiously every day, and arrange them in the vase attractively. Place the flowers in the room where the patient may enjoy them.

Stems should be cut daily.

Water should be fresh daily.

VIII. Suggested Schedule for a Day's Care (Convalescent Patient).

1. First procedure

- a. Greet the patient using her name.
- b. Give a warm bedpan, and then give local care, dry and powder.
- c. Should patient give herself care, wash her hands in warm soap and water.
- d. Complete A. M. care, that is care of teeth, hair, and washing of the patient's face.
- e. Prepare patient for breakfast. Clear off the table, elevate the head of the bed, etc. Have over bed table in place, and bell cord in place.
- f. Serve breakfast. Give the patient her newspaper with the tray or after her breakfast. She will likely want to read the morning news or like to talk a little.

Avoid appearance of hurry.

- g. Give treatment douche or enema before the bath, if possible.
- h. Give complete bath, and rub with favorite bathing fluid afterward. Remember that the nurse is judged by this procedure as much as by any single thing she may do.
See that table is cleared and covered with a small rubber cover or bath mat.
Collect all the equipment you will need.
Use bath salts when desired, but avoid wastefulness.
Remove upper bed clothes and cover patient with white bath blanket. Avoid chilling or over exposing of the patient. Dry parts thoroughly, and have towel for yourself to use.
Put patient's feet in water, and give special care with cold cream or lanolin if necessary.
Keep room picked up as you work; use one chair instead of six!

2. Care of Patient's room

Nurse is responsible for the care of her patient's room, and if the hospital does not have the maid care for the room, the nurse must attend to it. Use carpet sweeper, and dry mop.
Dust thoroughly and include the bed.
Do not clutter the corridor with utensils; keep them in the room.
Empty waste basket (wrap all dressings securely in newspaper before discarding).

3. Patient's Chart

This is the doctor's means of judging the progress of the patient, and also the nurse. Write or print neatly, keep information complete, if a laboratory report has not come back, check with the lab. and record the report as "Telephone message".....

Use simple terms.

Keep chart in chart rack.

Sign your full name, that is Ruth Smith, R.N. never Miss Ruth Smith, R.N.

4. Serve lunch.

Prepare the patient as for breakfast. Offer handwashing facilities before serving of the tray.

5. P.M. Rest.

Wash hands and face; give complete massage with alcohol and powder; adjust shades, ventilate room, post "sleeping" on the door.

6. Visitors.

Announce the visitors. Note sure the room is in readiness, and that the patient has an opportunity to rearrange her hair, add a little rouge, etc. See that the visitor is comfortable and withdraw.

7. Prepare the afternoon report. This may be done while your patient is busy with her visitor.

8. Serve supper. Prepare patient as for previous meals, give handwashing facilities if desired.

9. Evening Care.

Wash hands and face and teeth. Change the bed, and remake it if economizing on the linen. Both the patient and the hospital appreciate economical use of material. Rub the patient's back, replenish fresh drinking water, put screen in front of the window, and open the window enough to give good ventilation.

Put flowers out as per hospital regulation.

Check over the details of the day's work.

Complete the chart.

See that supplies for the night are on hand. Get an order for hypnotic s.o.s.

Night Nurse

Give complete summary of the patient's condition to the day nurse.

State orders carried out, and those to be carried out. Have something on hand to keep you busy so as not to fall asleep.

Arrange the light so that the patient will not be disturbed, and remain in the room if the patient is quite ill.

IX. Nursing in the Home.

Consider it an opportunity to care for your patient in the home. You will have an opportunity to see her in her natural environment, and likely be able to help her to adjust herself.

If you are requested to leave the hospital with your patient, do not refuse. The adjustment of your patient to another nurse may not be easy.

1. General attitude

Do too much rather than too little. Your patient may rather see her little girl's hair brushed and curled than to have her own back rubbed. Sense your patient's values and act accordingly.

Nurse is responsible for her patient's meals. Observe the routine of the household and act accordingly. Be quiet in the kitchen, and remember you are the stranger, not the cook. Do as she suggests, and remember that the loss of a cook would be a tragedy, and your patient would be very much upset. Pick up after yourself, do not leave dirty dishes up stairs or in the sink. Sit upstairs, and above all do not gossip with the servants.

2. Transportation

Get to the home as quickly as possible. A street directory is most helpful. You may call the street car information or ask a policeman or conductor. If necessary take a taxi, but do not charge the family for it unless they have requested that you come by taxi. Should you get lost, call the Directory for directions rather than the family. They may be anxiously waiting, and become quite upset to learn you are lost.

3. Entrance into the home.

Remember that you are entering into a situation where there is worry and disruption.

Introduce yourself by name, and state that you are the nurse sent through the Directory.

Ask for a place to change your clothes, and use the bathroom if there is no other place available.

4. Relationship with the patient.

Introduce yourself if a member of the family does not. Start work quietly, and take care of the most important things first. If the patient is having great difficulty breathing, improvise some sort of back rest, then collect equipment for care. Collect everything before starting to work. Make a list of the articles you will need to give your patient good care, and have a member of the family purchase them at the drug store if possible. Alcohol, powder, kleenex, etc.

Consider it an opportunity to have for your patient in the home. You will have an opportunity to see her in her natural environment, and likely be able to help her to adjust herself.

If you are requested to leave the hospital with your patient, do not refuse. The adjustment of your patient to another nurse may not be easy.

1. General Attitude

Do not make rather than too little. Your patient may rather see her little girl's friends and nurse than to have her own back rubbed. Some of your patient's visits and not necessarily.

There is responsibility for her patient's needs. Observe the routine of the household and not necessarily. Be quiet in the kitchen, and remember you are the stranger, not the cook. Do as she suggests, and remember that the loss of a cook would be a tragedy, and your patient would be very much upset. Pick up after yourself, do not leave dirty dishes up stairs or in the sink. Sit upstairs, and report. All do not gossip with the nurse.

2. Transportation

Get to the home as quickly as possible. A street director is most helpful. You may call the street car inspector or call a policeman or constable. If necessary, take a taxi, but do not charge the family for it unless they have requested that you come by taxi. Should you get lost, call the Director for directions rather than the family. They may be anxiously waiting, and become quite upset to learn you are lost.

3. Entrance into the home.

Remember that you are entering into a situation where there is worry and distraction. Introduce yourself by name, and state that you are the nurse sent through the Director. Ask for a place to change your clothes, and use the bathroom if there is no other place available.

4. Relationship with the Patient.

Introduce yourself as a member of the family team. Start work quickly, and take care of the most important things first. If the patient is having great difficulty breathing, improve some sort of back rest, then collect equipment for care. Collect everything before starting to work. Make a list of the articles you will need to give your patient good care, and have a number of the family purchase them at the drug store if possible. Ask, pencil, powder, blotter, etc.

Complete patient's unit so that for future use materials will be at hand. Ask for some old clothes for cleaning the bed pan, and old flannel for compresses. Newspaper or brown wrapping paper should be used plentifully to avoid staining of the furniture. Some patients may object to newspaper, and in that event brown or white paper may be used.

5. Adjustment

Read over the orders, and give stated treatment as soon as possible. Have a great deal of respect for the furniture, and cover it with paper.

Bathe patient and make the bed, take the T.P.R.

Arrange the room, and start the record.

If necessary call the doctor.

As soon as you can, find out where articles are for your patient's care.

6. Suggestions

Avoid putting kettle down on painted surface or in the sink without ample paper under it. Never put it on the floor or on a rug. Get in the habit of putting it back on the stove, and if extra hot water is needed, bring it to the bedside in a pitcher.

Sheets in the home may be old, and therefore will not stand hard pulling.

Use plain towels, and have respect for them. Avoid staining of the linen. There is no excuse for the use of fancy embroidered towels unless the patient insists that they be used.

Recognize the worth of solid silver and other valuable things.

Keep patient's record in the bureau drawer. Try to keep the notes and record away from the family, but do not refuse them unless the doctor has ordered such. Ask the doctor if he wishes to keep the notes when you leave, and if not they should be destroyed.

Wait for the patient to mention meals. Suggest that you eat in your room if the family cares to be alone otherwise the nurse should eat at the family table.

Adjust any difficulties with the directory.

Ask for a blanket for the night nurse, and tell the family about her meals.

Always cooperate with the night nurse, and never criticize her.

Have a dark dressing gown which covers you well if you are doing 24hr. duty in the home. Make it a point to make yourself look presentable when you do get up.

Laundry is your own responsibility, but should the family offer to have it done for you it is all right to accept.

Make out a weekly bill, neatly and itemized, and present it to the head of the family. Wait for the family to mention charges first; usually they have been informed as to the cost of graduate nurse service by the doctor. Make out receipt if the bill is not paid by a personal check.

Call the doctor where the family and the patient cannot hear if possible.

Never make long distance calls on the house phone.

It is all right to call your friends, but is best not to give them your number.

Personal calls may be annoying to the household.

Improvise whenever possible. Splints may be made and padded from old cheese boxes, and often a barrel hoop makes a good cradle. Do not impose too many expenses on the family.

If there is someone in the family who desires to learn how to give nursing care, utilize this opportunity to teach her.

Remember that if you sign any documents you are liable to have to appear in court; or even be in a court suit.

Nurse makes no decision as to the consciousness of her patient. The doctor is to assume this responsibility.

Before you make a change of residence, be sure that the situation is suitable for employment. Have enough money to tide yourself over a period of unemployment. Use the directory, and make friends slowly and wisely.

Death in the Home.

Raise the patient on pillows, and put towel roll under the chin. Close the eyes. If the family is present leave the room. Call the doctor and wait for his orders.

Offer to help the family in whatever way you can. See to it that they have their meals regularly; they may forget to eat. Answer the telephone and the door bell. Make whatever telephone calls they may request, and send telegrams to relatives and friends.

Have a date stamped down which covers you well if you are being seen. Only in the house. Make it a point to make yourself look respectable when you go out.

Remember is your own responsibility, but should the family offer to have it done for you it is all right to accept.

Make out a weekly bill, notify and itemize, and present it to the head of the family. Wait for the family to mention charges first; usually they have been informed as to the cost of graduate nurse services by the doctor. Make out receipts if the bill is not paid by a personal check.

Call the doctor about the family and the patient cannot hear it possible. Never make long distance calls on the house phone. It is all right to call your friends, but is best not to give them your number. Personal calls may be coming to the household.

Improve wherever possible. Spills may be made and rubbed from old chrome boxes, and often a better house makes a good enough. Do not ignore too many expenses on the family.

If there is someone in the family who wishes to learn how to give nursing care, utilize this opportunity to teach her.

Remember that if you sign any document you are liable to have to appear in court; or even be in a court with.

It was made no mistake as to the consequences of the patient. The doctor is to assume this responsibility.

It often you make a change of residence, be sure that the attention is visible for employment. Have enough money to fill yourself over a period of unemployment. Use the doctor, and make friends early and wisely.

Death in the House.

When the patient on illness, and put some well under the skin. Close the eyes. If the family is present leave the room. Call the doctor and wait for his order.

Offer to help the family in whatever way you can. See to it that they have their meals regularly; they may forget to eat. Answer the telephone and the door bell. Make whatever telephone calls they may request, and send telegrams to relatives and friends.

If there are family differences leave the room, and return when they have stopped talking.

Bathe the patient, and if your patient is a female offer to go to the undertaker's rooms with her. Put in the false teeth as soon as possible so that the lines about the mouth will look natural.

X. Travelling (Emily Post)

Consider your patient's disability, and plan the way of travel accordingly. It is well to go to the office ahead of time, and have complete arrangements made without disturbing the patient. Take her into the plan very definitely in order that the trip be successful.

1. Train.

Know about the arrangement of the pullman cars and the cost, and make a decision as to a drawing room, a compartment, a lower berth or an upper berth.

Dressing must be done in the berth or wash room, so that if possible a sick patient is more comfortable in a compartment or a drawing room.

Wear dark clothes, and have a dark dressing gown.

Know that you may expect the porter to give general information, call the dining room steward, mail your letters or send a telegram, care for the berth or room, get a bag for the hat, a sheet for the coat, and brush the occupants of the pullman before leaving the train.

Amount of tipping should be governed by the requests made. Red Caps are now to be paid ten cents for each article they carry.

Maid service on a trans-continental line is practically the same as that offered by the porter.

2. Automobile

Do not try to cover too much mileage in one day. Observe your patient's condition, and avoid fatigue.

Wear dark clothes, and clothes which will not crush such as tweeds, etc. Carry light luggage, a suit case, and an overnight bag.

Eat sensible food at meal times. Avoid in between sweets.

Stop occasionally so that your patient may stretch her legs and go to the bathroom.

3. Airplanes.

The airlines are not interested in having patients travel in the planes who cannot sit up. Be sure that you know that your patient desires this way of travelling before plans are made.

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